

Commonwealth of Virginia
Department of Agriculture and Consumer Services
Dairy Services
PO Box 1163 - Richmond, VA 23218 - 804-786-1452

APPLICATION FOR REINSTATING A PERMIT

Date: _____

Permit # _____

I hereby request reinstatement of my permit: (i) to produce and sell raw milk in Virginia; or (ii) to receive and process milk in Virginia; or (iii) to manufacture dairy products and/or frozen desserts.

I certify that all violations of items resulting in the suspension of my permit have been corrected.

I certify that all conditions leading to the voluntary seasonal suspension of my permit have been corrected.

Signature of applicant

Address

City, State, and Zip

Please provide this completed and signed application to your dairy inspector: